Exposing the Myth of the — GERM THEORY —

Not many people realise that germs, viruses and bacteria are the result, not the cause, of disease.

The germ theory of disease is a fraud!

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Extracted with permission from "Bacteria, Germs and Viruses Do Not Cause Disease: Discriminating between Medical Myth and Biological Fact", excerpted from the book, *Awakening Our Self-Healing Body.*

PASTEUR'S GERM THEORY OF DISEASE CAUSATION

In 1864, French chemist Louis Pasteur fathered "The Science of Bacteriology" and "The Germ Theory of Disease Causation" by demonstrating the existence of various micro-organisms—and concluding that these germs cause pathogenic changes in living cultures within the laboratory setting.

The germ theory states that diseases are due solely to invasion by specific aggressive micro-organisms. A specific germ is responsible for each disease, and micro-organisms are capable of reproduction and transportation outside of the body.

With the germ theory of disease, no longer did we have to take responsibility for sickness caused by our own transgressions of the laws of health. Instead, we blamed germs that invaded the body.

The germ theory effectively shifted our personal responsibility for health and well-being onto the shoulders of the medical profession who supposedly knew how to kill off the offending germs. Our own personal health slipped from our control.

Almost everyone in the Western world has been nurtured on the germ theory of disease: that disease is the direct consequence of the work of some outside agent, be it germ or virus.

People have been educated to be terrified of bacteria and to believe implicitly in the idea of contagion: that specific, malevolently-aggressive disease germs pass from one host to another. They also have been programmed to believe that healing requires some powerful force to remove whatever is at fault. In their view, illness is hardly their own doing.

The 'germ era' helped usher in the decline of hygienic health reform in the 19th century and, ironically, the people also found a soothing complacency in placing the blame for their ill health on malevolent, microscopic 'invaders', rather than facing responsibility for their own insalubrious lifestyle habits and their own suffering.

Pasteur was a chemist and physicist and knew very little about biological processes. He was a respected, influential and charismatic man, however, whose phobic fear of infection and belief in the "malignancy and belligerence" of germs had popular far-reaching consequences in the scientific community which was convinced of the threat of the microbe to man. Thus was born the fear of germs (bacteriophobia), which still exists today. Before the discoveries of Pasteur, medical science was a disorganised medley of diversified diseases with imaginary causes, each treated symptomatically rather than at their root cause. Up to this time, the evolution of medical thought had its roots in ancient shamanism, superstition and religion, of invading entities and spirits. The profession searched in vain for a tangible basis on which to base its theories and practices. Pasteur then gave the profession the "germ".

By the 1870s, the medical profession fully adopted the germ theory with a vengeance that continues today. The advent of the microscope made it possible to see, differentiate and categorise the organisms. Invading microbes were now seen as the cause of disease.

The medical-pharmaceutical industry began their relentless search for the perfect drug to combat each disease-causing microbe—of which there are now over 10,000 distinct diseases recognised by the American Medical Association.

The universal acceptance of the germ theory and widespread bacteriophobia resulted in frenzied efforts to avoid the threat of germs. A whole new era of modern medicine was then inaugurated, including sterilisation, pasteurisation, vaccination, and fear of eating raw food.

Medical authorities advised the public to cook all food thoroughly and to boil water.

With the deprivation of raw foods, an inevitable deterioration of health ensued.

The practice of killing germs with drugs was also initiated, resulting in iatrogenic (medically-induced) disease and further degeneration of health. Various programmes were instituted to confer 'immunity' against specific germs by way of vaccines and serums, with horrendous effects.

Fortunately, the horror of consuming raw food as being dangerous and bacteria-ridden has largely been overcome, although the ban on unpasteurised dairy foods still exists in most of this country [USA]. And the acceptance of poisonous drugs and inoculations has not waned to any appreciable extent.

Pasteur Not the Originator of the "Germ Theory"

Actually, the first "Germ Theory of Infectious Disease" was published in 1762 (almost 100 years prior to Pasteur's theory) by a Viennese physician, Dr M. A. Plenciz. In 1860, Louis Pasteur took the credit for the experiments and theory and became identified as its originator. Read the books, *Pasteur: Plagiarist, Imposter*, by R. B. Pearson, and *Béchamp or Pasteur? A Lost Chapter in the History of Biology* by Douglas E. Hume, for all the details.

Claude Bernard (1813-1878) disputed the validity of the germ theory and maintained that **the general condition of the body is the principal factor in disease**, but this idea was largely ignored by the medical profession and the general public. Bernard and Pasteur had many debates on the relative importance of the microbe and the internal environment in which they thrive.

Pasteur Realises Mistake

Around 1880, Pasteur himself admitted his mistake. According to Dr Duclaux (one of Pasteur's co-workers), Pasteur discovered that microbial species can undergo many transformations. These facts were not consistent with his germ theory and destroyed its very basis.

It is frequently overlooked that around 1880, Pasteur changed his theory. According to Dr Duclaux, Pasteur stated that germs were "ordinarily kept within bounds by natural laws, but when conditions change, when its virulence is exalted, when its host is enfeebled, the germ is able to invade the territory which was previously barred to it." This is the premise that a healthy body is resistant and not susceptible to disease.

With the advent of Pasteur's mysterious germ, however, medicine cloaked itself under the guise of 'science' and ever since has succeeded in keeping the public ignorant of the true nature of disease.

BACTERIA AND THEIR SYMBIOTIC ROLE IN THE BODY

Bacteria are our symbiotic partners in life and are completely normal to the body. They work symbiotically with the host organism by assisting in the breakdown and removal of toxic materials and in creating nutrients that are vital to our welfare.

Lactobacillus acidophilus, *Lactobacillus bifidus* and coli bacteria are normally present in the human digestive tract and are sometimes called "friendly, beneficial or symbiotic intestinal flora". They are necessary within the body for the proper absorption and utilisation of food particles; for aiding in cellular nourishment; for stimulating peristalsis; for detoxifying and creating soft, smooth stools; and for keeping down pathogenic germs. (Antibiotics destroy these forms of useful bacteria).

Bacteria and micro-organisms also form a vital part in the world's food chain. When organic matter within plants and animals decomposes throughout nature, bacteria and moulds of the *Monera* family disorganise the highly complex organic molecules into simple inorganic wastes—whose elements are excreted back into the soil to be taken up once again as food by plants, and reorganised via the process of photosynthesis into widely diverse forms of vegetable matter, including food for humans, such as fruits, nuts, and seeds.

Bacteria are actually primitive forms of life which subsist on scavenging dead organic material. They break up and decompose waste material in our system just as they do within the plant and animal kingdoms.

Bacterial action renders some waste-matters usable in our body that would ordinarily be expelled and, as such, bacteria are essential to our lives—without them, our existence would not be possible. As intestinal flora, for instance, bacteria are a much needed symbiotic partner in life, responsible for synthesising vitamin B12 and vitamin K within our body.

As a cause of disease, bacteria do not 'invade' the body—for they are already present in the digestive tract. As needed, bacteria are brought into the circulatory system to aid in the process of purging the physiology of accumulated wastes.

Our body carries about a five-year supply of vitamin B12, and receives a constantly refurnished supply from bacterial activity in the lower intestine, just as is the case with other primates and natural plant-eating animals, including man. Also, vitamin K does not need to be supplied by food since bacteria which live symbiotically in the human intestine are capable of producing this nutrient, which is required for normal functioning of the body's blood-clotting agents.

The Beneficial Role of Bacteria in Disease

As a cause of disease, bacteria do not 'invade' the body—for they are already present in the digestive tract (which, by the way, technically is considered outside the body proper). As needed, bacteria are brought into the circulatory system to aid in the process of purging the physiology of accumulated wastes.

When the body creates a highly localised toxic condition in the system, as occurs during inflammation, the body absorbs bacteria from the intestines and/or other body cavities and transports them to where the accumulated poisons have been concentrated.

During the inflammatory process, pus is formed from the aggregate of dead cells and from the healing, white blood cell activity that takes place; and bacteria proliferate to feast on and process this material which makes it easier for the body to expel.

In this way, bacteria symbiotically assist in breaking down these toxic materials for elimination. In the process, however, the excreta of bacteria generated therein is toxic. The bacteria's own excretion reflects the morbidity of the toxins they consume, in that these wastes are also highly virulent. If not eliminated from the body, these accumulate to such an extent that the body initiates a cleansing/healing crisis.

Bacteria do not produce disease but are useful organisms that help decompose dead cellular material when the body's cells have completed their normal life cycle.

This process helps eliminate the dead matter from the body and, likewise, the bacteria aid in clearing toxic substances. This is why they are seen regularly during the disease/purification process since these processes require the disintegration of accumulated poisonous refuse which the system is endeavouring to purge.

Bacteria do not cause the death of the organic matter on which they act, however, as they are a part of the result of disease, not its cause.

Bacteria and germs play an important role in the evolution of disease but are not fundamental causes as commonly believed. Bacteria are intimately associated with serious illness, but merely contribute secondary or tertiary complicating factors by elaborating certain powerful toxins already present in the toxic body due to the poisonous by-products of their own fermentative and putrefactive actions.

Lactic acid, acetic acid (vinegar), alcohol from the fermentation process; and ammonias, indoles, skatols and purines, etc., from the putrefaction process are toxic—although our body, under normal conditions of health, can easily eliminate these forms of bacterial excreta. In fact, our faeces and urine are loaded with these protein decomposition by-products from both bacterial activity and our own body metabolism.

Bacteria need nourishment to grow and reproduce. When there is a dangerous accumulation of waste materials which is threatening body integrity, our symbiotic bacteria go into action and perform their janitorial/scavenging function of clearing the body of filth and debris. Afterwards, they resume their passive state once again.

Bacteria have an important role to perform in the vital process of healing. Germs take part in virtually all disease phenomena that require the disintegration of refuse and toxic matter within the body which the system is endeavouring to remove. They act as scavengers in clearing up the affected area of toxic saturation. As soon as their role is complete, their numbers decline.

For this reason once again, bacteria are associated with disease processes but are not its cause, for bacteria no more cause disease than flies cause garbage. To assume, because germs are present and active in the decomposition processes connected with dead organic matter, that they cause its death is erroneous.

When toxicosis exists and threatens the well-being of the organism, the body responds by purging the toxins, and disease symptoms appear. Bacteria are present to decompose metabolic wastes, toxins, dead cells and tissues and as such are a vitally important part of the healing process.

Bacteria are capable of only one action in regard to the disease process: the processing of dead materials as their food. Bacteria proliferate because there is dead organic matter for them to feed on, not because they suddenly become malevolent.

In a relatively sterile environment they die due to lack of nourishment, just as they similarly die off in an environment of their own creating—namely, in the presence of their own toxic excreta including lactic acid, acetic acid, alcohol, ammonia and numerous other protein decomposition by-products.

Bacteria proliferate because there is dead organic matter for them to feed on, not because they suddenly become malevolent.

It is inappropriate to call bacterial activity an 'attack' or an 'invasion' on the part of germs, unless we mean it is an attack on the toxins. The only real attack that takes place is the one we make upon our own body as we continually assault ourselves on the average of some 30 poisoning acts each day—including the devitalised 'foods' and 'beverages' we consume, the drugs we take, constantly staying up late and overeating needlessly—all of which create enervation and exhaustion of the body.

On the other hand, bacteria cannot thrive in healthy blood. This is why a clean, well-nourished body is not subject to their presence. Living in a germ-free environment is impossible, however, and not even wholly desirable. Trillions of bacteria live in our body at all times.

Bacteria Mutate According to Decomposing Soil in the Environment

There are no 'disease-producing' bacteria, germs, microbes, bacilli or viruses: it is the environment and the host which determine disease symptoms and the type of bacteria that proliferate. **Germs do not cause disease; rather, the body generates disease occasions for the germ proliferation that takes place.**

In order for a particular germ to exist, it has to have a suitable environment created by the toxic and pathological pollution saturating the body. Systemic poisoning then creates the specific germ culture, depending upon where the body has accumulated the wastes and according to the unhealthful lifestyle habits of the sufferer.

The key point is, however, that it is the diseased toxemic condition, where the body is overwhelmed with poisonous waste, which creates an environment favourable to the mutation of bacteria into those commonly associated with particular diseases. The disease condition favours proliferation and increasing virulence until their function of devouring toxic debris is accomplished.

When you ask a bacteriologist what comes first, the soil or the bacteria, the answer is always the tainted environment, in order for the bacteria to thrive. Bacteria never exist in a proliferating state where there is no food or soil for their propagation—but they multiply rapidly when there is decomposing material to feast on, and then they die off when there is famine or adversity in their surroundings.

Once again, bacteria no more create their food supply than flies cause garbage. The garbage or soiled state within our

body must pre-exist the presence of bacterial 'invasion': **bacteria do not cause disease; they are present because of it.**

Bacteriologists themselves wrongly divide the germ population into specific 'good germs' and 'bad germs' and overlook the fact that 'good germs' have the ability to mutate and proliferate into 'bad' virulent germs when their soil is suitable for this change.

In other words, germs can modify their structure and metabolic function according to the environment in which they find themselves. They exist in a multitude of strains, shapes and metabolic capabilities and may appear as rod-shaped or circular shaped depending on the dictates of their environment.

The germ theory was founded on the assumption that disease germs are specific, unchangeable entities in their biological structure and chemical characteristics. The 1968 Pulitzer Prizewinner and eminent bacteriologist Dr Rene J. Dubos contradicted this assumption, showing that the virulence of microbial species is variable.

As far back as 1914 in the *Journal of Infectious Diseases*, experiments by E. C. Risenow, M.D., of the Mayo Biological Laboratories in Rochester, Minnesota, demonstrated that pus germs (streptococci) can be transformed into pneumonia germs (pneumococci) simply by making minor alterations in their environment and by feeding them on pneumonia virus—dead organic matter characteristic with the manifestation of the disease.

When the procedure was reversed, the bacteria quickly reverted to the pus germs. In each case when the environment and food source were changed, the germs, regardless of type, quickly mutated into other forms.

Two New York City bacteriologists, in similar experiments, converted cocci (round, berry-shaped bacteria) into bacilli (long, rod-shaped bacteria) and back again. A coccus (pneumonia germ) can change to a bacillus (typhoid germ) simply by making minor alterations in its environment and by feeding it typhoid virus—specific dead organic matter which is particular to this type of bacteria proliferation.

When the procedure is reversed, typhoid germs revert to pneumonia germs illustrating that, indeed, any bacteria can modify and adapt its structure and metabolic function in accordance with its changing environment. The virulence of germs can likewise be altered in the laboratory at will by the technician.

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The Toxic Body Produces the Virulent Germ

It is evident, then, that germs do not directly produce disease: rather, the body-generated healing crisis produces the germ by providing a suitable environment where non-toxic bacteria mutate into toxic micro-organisms within septic surroundings. For germs to become dangerous, they must be intermingled with concentrated waste products before a germ metamorphoses into a toxic entity.

While it is true that germs and bacteria exist everywhere, the micro-organisms only proliferate in the body when a person develops toxemia as a result of an unhealthy lifestyle.

When high quantities of oxidized organic material are being extraordinarily eliminated by the body via the throat, lungs or elsewhere, bacteria multiply geometrically. In hours, they may number in the trillions but suitable 'soil' must be present before they can proliferate.

Strep throat and sore throat are said to be caused by streptococcus bacteria. This is a common form of bacteria in the lactobacilli family, a round-shaped organism that also breaks down or sours milk.

You can easily prepare a culture containing billions of strep bacteria as in yoghurt, and any healthy person eating the yoghurt will not develop strep throat. Put them in a milk culture, and in hours they multiply into trillions. It is difficult to find anyone who does not contain this form of bacteria in their throat except in those using massive amounts of antibiotics or other life-destroying drugs.

Streptococci are not in themselves dangerous, however, for millions of them are found in the average person's throat and body cavities—but their excrement can be highly toxic as they help break down, decompose and putrefy waste materials which the body then eliminates through the lungs, throat, mucous membranes and/or skin.

A sore throat is actually an irritation of the tissues, caused either by what is being eliminated there or by some injurious substance sent down it. Streptococcus bacteria use the exudates as soil. When a concentration of toxic material is available, their reproduction is tremendous. To reiterate, streptococci are not harmful bacteria as they are always a normal portion of the body's flora.

Scientists know that specific bacteria are not always found in each case of the disease they are supposed to cause. Introducing germ cultures in a healthy body does not consistently generate disease symptoms. Numerous experiments feeding pure cultures of typhoid, pneumonia, diphtheria, tuberculosis and meningitis germs produced no ill effects.

As mentioned before, in 28-40% of diphtheria cases, diphtheria bacillus is absent. Likewise, in about 20% of those suffering venereal disease (syphilis, herpes, gonorrhea, etc.) neither gonococcus nor spirochetes are present. Saying that bacteria causes an ulcer, pustule or pimple about the genitals disregards the fact that these result from the body's autolysis (self-digestion) of tissue. The creation of boils and inflammations characteristic of V.D. are vital body actions, not bacterial or viral invasions.

Similarly, pneumonia is thought to be caused by the bacterium pneumococcus, although it is absent in more than 25% of cases. Moreover, administering the bacterium to healthy organisms does not occasion the disease.

Even during the early stages of the common cold, nasal secretions are completely void of bacteria, as none are found in the thin watery mucus in the first two to three days. When thick purulent secretion begins, pneumococci, staphylococci and streptococci appear. Since bacteria are so conspicuously absent at the onset of a cold, another cause had to be found. Now, 150 different viruses are blamed for the affliction.

Colds are not 'caught'; rather, they develop from our enervating way of life. Bacteria or viruses have nothing to do with the development of colds. They may be complicating features, since bacteria function as saprophytes (scavengers) feeding on the debris being eliminated. As long as tissues remain abnormal, bacteria thrive. Once the eliminative and purging actions are completed, they subside.

Physicians readily admit that they do not know exactly which virus causes colds, for when the cold virus is sprayed into throats

it causes inflammation in "susceptible hosts only"—in those whose tissues are already irritated by foreign agents. In addition, so-called respiratory pathogenic bacteria are present in throat washings of those who have colds, but killing the microorganisms does not shorten the period of illness.

Colds are preventable, but first we must learn their causes. As long as it is assumed that germs and viruses cause colds and that we 'catch' them, and as long as our efforts are directed against these microscopic entities, the cold will prevail. Colds are actually remedial efforts made necessary by the accumulation in the blood, lymph, and tissues of unexcreted metabolic waste, and by the intestinal absorption of toxic by-products of indigestion.

The ultimate causes of the cold are habits of living which reduce digestive efficiency, check elimination and cause enervation, permitting the internal environment to become polluted—a state of physiological smog, if you will.

Unless a germ will cause a disease every time it 'infects' the body, it is not a cause. A cause must be consistent and specific in its influence. Germs are omnipresent and fail to have a specific influence all the time.

Both laboratory evidence and empirical observations substantiate that disease is the body's reaction to intoxication, and not to germs—**bacteria do not invade nor control the body, for they are always within the physical domain.**

The Body Controls its Bacterial Population

Normal healthy organisms are actually deadly to germs and parasites and have innate, built-in resources to handle them. Bacteria are helpless against living cells, especially white blood cells and others that compose our natural lines of defence.

We harbour countless billions of micro-organisms within our intestinal tract, within our skin, in our mouth, nose and other body cavities. The celebrated Dr Lewis Thomas, who heads the Sloan-Kettering Cancer Institute, said: "Pity not the man who has caught bacteria, rather pity the bacteria that was caught by the man." Humans furnish a very rough environment for bacteria, keeping them tightly restricted and controlled.

Lymph nodes—the glandular tissue masses that occur along the lymphatic vessels throughout the body—routinely remove bacteria and foreign particles from the general lymph circulation and supply lymphocytes to the circulatory system. The lymph nodes and spleen form a portion of the body's reticuloendothelial system—referring to those phagocytic cells scattered throughout the body which can ingest bacteria, solid particles and other errant cells. This aids in keeping the body in a healthy, stable condition.

For example, billions and even trillions of bacteria and fungi are incidentally absorbed from the intestinal tract into the portal blood each day. These are so effectively apprehended and destroyed by our white blood cells and macrophages that scarcely any bacteria or fungi ever enter the circulating blood.

Leukocytes (white corpuscles) are the blood's defensive organisms that prevent intoxication by bacteria, cooked food debris or other toxic materials. Leukocytosis (an excessive proliferation of white blood cells in the circulation) occurs in response to inflammation, to excessive numbers of bacteria in the body, and to a preponderance of cooked food—all of which represent pathological phenomena.

The body must exist in a toxic state before it will institute the disease process. Neither bacteria nor anything else can start and sustain a healing crisis—micro-organisms are incapable of unified action and cannot exist where there is no food (soil) for them to survive. Living healthy cells are not soil for bacteria, but decomposing substances are.

If a healthy body can 'catch' a cold or flu due to influenza germs and is unable to resist an 'attack' by these micro-organisms, then how can the subsequently debilitated body ever recover? How can the weakened organism repel the onslaught of trillions of proliferating micro-organisms? The inevitable result would be the death of the organism.

If bacteria did invade organisms and subsequently laid them low, as medically supposed, the impetus and momentum they built up in the process would become progressively more pronounced and overwhelming as the organism receded further into disease.

If germs and microbe 'attackers' overwhelmed a healthy body, then, once they laid a victim low, their proliferating reproduction would exponentially increase the 'devouring', which would cease only when they had exhausted their food supply. There would be no recovery. If bacteria and viruses cause disease and debilitate the body, how does the weakened individual recover?

Were germs the cause of disease, there would be no remission, and germ proliferation would continue unimpeded.

Once the invading entities have a head start, it does not seem they would stop their destruction but, instead, would further diminish the organism's ability to defend itself. When bacteria start decomposing a body, only complete exhaustion of all organic materials ends their course—only when 'the bones are picked clean', so to speak.

Colds are actually remedial efforts made necessary by the accumulation in the blood, lymph, and tissues of unexcreted metabolic waste, and by the intestinal absorption of toxic by-products of indigestion.

Logic tells us that if microbial organisms 'make someone sick' and proliferate by the billions as they become more numerous and stronger, they would progressively sap more and more energy, vitality and resources from their victim. How can this process be reversed by a much weakened organism?

The whole concept of being laid low by microbes and then turning the tables on them makes for good fiction, but is physiologically false. For once dominance is established in nature over a weakened organism, it's downhill from there. Once zebras are overwhelmed by carnivores, they rarely survive. Once bacteria start decomposing organic matter, they continue until their food source is exhausted.

The body does not suppress the growth and multiplication of 'disease germs' until the morbid toxins on which they subsist have been consumed, and until the inflammatory process has run its course.

When diseases are said by medical authorities to be 'limited', this really means the illness is a body detoxification process that is terminated by the body when its purging objectives are reached. The body is in control, and not at the mercy of hordes of microbes or some 'mysterious disease entity'.

Disease, once more, is not caused by germs but by the toxic state of the body which allows the germ to flourish. This

deranged state of the organism is the outgrowth of violating our biological requirements, and is no chance or haphazard condition.

It is this diseased condition that creates an environment favourable to the mutation of bacteria into those associated with specific disease, and to their increasing virulence and proliferation.

A state of internal cleanliness, therefore, is essential for health and well-being. A pure bloodstream, free unimpeded circulation of all body fluids, and unobstructed excretion generate and maintain healthy tissue. Virulent bacteria soon die in this environment for want of suitable nourishment.

If the microbe is to have any part in causing disease, it must find an organism that produces suitable soil for its metabolic activities. We cannot avoid germs for they are everywhere—we must be proof against them. We avoid disease only by keeping ourselves in such a state of health that germs are powerless against us.

Medical Rationale of "Susceptibility" and "Resistance"

Everyone has literally trillions of fungi, bacteria and viruses in their body even when healthy. When physicians are confronted with this, they say that disease is not caused by these agencies because "you are not susceptible" or because "your resistance is high".

This is a cop-out, saying that these agents do not cause disease, but those factors which dispose us to susceptibility do—since the word "susceptible" means that the criterion which establishes susceptibility is the actual cause of disease, and not the micro-organism or the agency blamed. **This cop-out confirms that the supposed contagious agents—bacteria, viruses and fungi—do not cause disease** . The actual cause is whatever causes susceptibility or low resistance.

If we maintain our body in a clean, healthy state then germs are irrelevant, for susceptibility does not exist. The concept of susceptibility is really the medical rationale which admits that bacteria only proliferate when the internal physiological condition warrants it. To repeat, it is an admission that an unclean environment is really the cause of disease—for if germs were the cause of disease, everyone exposed to the harmful germ would become sick with the same illness.

When the condition of susceptibility is introduced into medical theory to describe disease causation, the condition of the host is then of primary importance in the production of disease.

Susceptible individuals are those with a high degree of body toxicity and sufficient vitality to conduct the disease/purification process. When such sufficient vitality is waning, organic tissue damage occurs from the extraordinarily polluted internal state of the body which creates the foundation for chronic disease. So long as our body is relatively pure, however, waste materials do not accumulate and the scavenging assistance of bacterial germs is not called upon.

Physicians say that our resistance against germs is our only protection to avoid disease, but they leave their patients ignorant of how to guarantee a high degree of resistance at all times. We are told that germs invade only when resistance is lost. But what causes a loss of resistance? Obviously, loss of health means diminished resistance.

So if health is the best protection against disease, why not promote health by educating the populace in the requisites of health according to their biological mandate? **Why not create a true "health care" system, instead of the prevailing "disease care" system that currently exists?** We must promote health by living life according to those factors upon which health is generated. ∞

Continued in the next issue of NEXUS ...